

State Well Report

Part 1

Mississippi Department of Environmental Quality
Office of Land and Water Resources
P.O. Box 10631
Jackson, MS 39289-0631
(601)961-5210
(601)354-6938 (fax)

County: George
Permit #: _____
Driller: Mick & Wade
Date drilling completed: 1-12-07

For Office Use Only:
Aquifer: _____
Well #: H-90
L. S. Elevation: _____
E-log #: _____

State Law requires that this report be prepared by the driller in detail and filed with the Department within 30 days of completion of drilling of the well.

Well Owner Information	Well Location
Owner Name: <u>Bell Harlon</u>	Latitude: <u>30° 53' 12"</u> Longitude: <u>88° 28' 24"</u>
Mailing Address: <u>139 Thompson Rd</u>	Method of Lat/Long (circle one): Conventional Survey, USGS quad, Hand-held GPS, Survey-grade GPS
<u>Lucedale MS 39452</u>	<u>NE 1/4 SW 1/4 Sec 10 Twn T25 R5 W</u>
City State Zip Code	Distance Direction Nearest Town
Telephone No. ()	<u>2</u> Miles <u>E</u> of <u>Lucedale</u>

Well Data

Purpose of Well (circle one) Home Industrial Public Supply Irrigation Fish Culture Other: Farm shed

Date well drilling started: 1-8-07 Date well drilling completed: 1-8-07

If flowing, method of flow regulation: Valve _____ Other (describe) _____

Static Water Level: 70 feet above or below (circle one) land surface Date measured: _____

Method of Measurement (circle one) steel tape electric tape air line other: _____

Hole depth: 90 Well depth: 90 Well grouted to a depth of 10 feet

Type of grout (circle one): Cement Bentonite Mix

Casing length: 80 feet Casing diameter: 2 inches Type of casing: PVC 40

Screen length: 10 feet Screen diameter: 2 inches Type of screen: PVC wrapped

Screen slot size: 8 inches Setting depth: From 80 feet to 90 feet

Type of completion (circle all applicable): Gravel packed Underreamed Telescoped Open hole Natural Development
Other (describe): _____

Top of lap pipe or reduction in casing: _____ feet. If telescoped or more than one screen, describe on back of page

Logs run (circle all applicable): No log run Electric Gamma Ray Density Sonic Neutron Other: _____

Name of organization running log(s): _____

I certify that the well was drilled, constructed, and completed in accordance with all applicable requirements of the Mississippi Department of Environmental Quality and/or the Mississippi Department of Health regulations and state laws.

Michael R Fry Fogel 0408
Print Name of Water Well Contractor and License No.

Michael R Fry Fogel
Signature of Water Well Contractor

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FEB 22 2007
BY: OLWF

STATE WELL REPORT

Part 2

Pump Installer's Completion Report
 Mississippi Department of Environmental Quality
 Office of Land and Water Resources
 P.O. Box 10481
 Jackson, MS 39288-0481
 (601)261-5210
 (800)254-6236 (In.)

For Office Use Only:

Aquifer: _____

Well #: H-90

Elevation: _____

County: Levy

Permit #: _____

Driller: Michael Wood

Date completed: 1-12-07

This report should be prepared by the pump installer in detail and filed with the Department within 30 days of the installation of pump.

Well Owner Information

Owner Name: Bill Harlan

Mailing Address: 139 Thompson Rd

Lucedal Ms 39452
 City State Zip Code

Telephone No. () _____

Well Location

Latitude: _____ Longitude: _____

Method of Lat/Long (circle one): Conventional Survey

USGS quad, Hand-held GPS, Survey-grade GPS

14 14 Sec 10 Twa T2S Rg R5W

Distance Direction Nearest Town

7 miles S of Lucedal

Pump Type Circle one

Air Lift Submersible
 Bucket Piston Turbine
 Centrifugal Rotary Flowing Well

Other (specify): _____

Date Pump Installed: 1-12-07

Rated Pump Capacity: 8-12 Gallons Per Minute

Power Type Circle one

Diesel Engine Gasoline Engine Natural Gas
 Electric Motor Hand Tractor PTO
 Windmill Other (specify): _____

Motor Power Rating of Motor: 1

Setting Depth: 80 feet

Number of Stages: 2

Pump Test Data

Date Well Tested: _____

Static Water Level (A): 20 Feet Below Land Surface

Pumping Water Level (B): 75 Feet Below Land Surface

Drawdown [(B) - (A)]: 5 Feet Below Land Surface

Test Pumping Rate: 8 Gallons Per Minute

Duration of Pump Test (minimum 4 hours): 4 hours

Method of Measuring Water Level Circle one

Air Line Electric Measuring Line Steel Tape

Other (specify): _____

For flowing well, measured shut in head: _____ feet

Well yielded 8 GPM with a drawdown of

5 feet after 1 1/2 hours of pumping

I HEREBY CERTIFY that the above statements are true to the best of my knowledge.

Michael R Fryfogel 0468
 Print Name of Pump Installer and License No. (if applicable)

Michael R Fryfogel
 Signature of Pump Installer

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 FEB 27 2007
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